



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

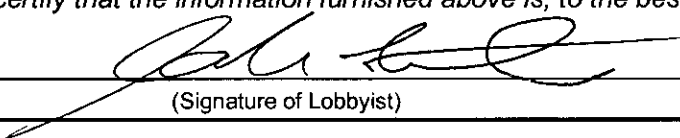
STATE OF HAWAII  
STATE ETHICS COMMISSION

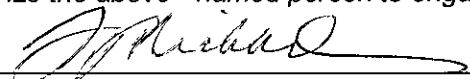
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kirimitsu	John	M	808-432-5224
MAILING ADDRESS (Street)			FAX 808-432-5906
711 Kapiolani Blvd			EMAIL john.m.kirimitsu@kp.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Kaiser Foundation Health Plan, Inc	808-432-5241	
MAILING ADDRESS (Street)	FAX 808-432-5906	
711 Kapiolani Blvd	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Phyllis Dendle	808-432-5210	
MAILING ADDRESS (Street)	FAX 808-432-5906	
711 Kapiolani Blvd	EMAIL phyllis.dendle@kp.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	<u>1/3/2013</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Frank Richardson		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, Legal & Government Relations
NAME OF ORGANIZATION (if applicable) Kaiser Foundation Health Plan, Inc.		TELEPHONE 808-432-5408
MAILING ADDRESS (Street) 711 Kapiolani Blvd		FAX 808-432-5906
		EMAIL frank.p.richardson@kp.org
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		<u>1/4/2013</u> (Date)